



PARmed-X FOR PREGNANCY

Physical Activity Readiness Medical Examination

PARmed-X for PREGNANCY is a guideline for health screening prior to participation in a prenatal fitness class or other exercise.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserve. PARmed-X for PREGNANCY is a convenient checklist and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

Instructions for use of the 4-page PARmed-X for PREGNANCY are the following:

- 1 The patient should fill out the section on PATIENT INFORMATION and the PRE-EXERCISE HEALTH CHECKLIST (PART 1, 2, 3, and 4 on p. 1) and give the form to the health care provider monitoring her pregnancy.
- 2 The health care provider should check the information provided by the patient for accuracy and fill out SECTION C on CONTRAINDICATIONS (p. 2) based on current medical information.
- 3 If no exercise contraindications exist, the HEALTH EVALUATION FORM (p. 3) should be completed, signed by the health care provider, and given by the patient to her prenatal fitness professional.

In addition to prudent medical care, participation in appropriate types, intensities and amounts of exercise is recommended to increase the likelihood of a beneficial pregnancy outcome. PARmed-X for PREGNANCY provides recommendations for individualized exercise prescription (p. 3) and program safety (p. 4).

Note: **Sections A and B** should be completed by the patient before the appointment with the health care provider.

PATIENT INFORMATION

NAME _____ ADDRESS _____

PHONE _____ BIRTHDATE ____ / ____ / ____ HEALTH INSURANCE No. _____

NAME OF PRENATAL FITNESS PROFESSIONAL _____ PHONE NUMBER OF PRENATAL FITNESS PROFESSIONAL _____

PRE-EXERCISE HEALTH CHECKLIST

PART 1: GENERAL HEALTH STATUS

In the past, have you experienced:

| | | |
|---|--------------------------|--------------------------|
| | Y | N |
| 1 Miscarriage in an earlier pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Other pregnancy complications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 I have completed a PAR-Q within the last 30 days. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to question 1 or 2, please explain:

Number of previous pregnancies: _____

PART 2: STATUS OF CURRENT PREGNANCY

Due Date: ____ / ____ / ____

During this pregnancy, have you experienced:

| | | |
|--|--------------------------|--------------------------|
| | Y | N |
| 1 Marked fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Bleeding from the vagina ("spotting")? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Unexplained faintness or dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Unexplained abdominal pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Sudden swelling of ankles, hands or face? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Persistent headaches or problems with headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Swelling, pain or redness in the calf of one leg? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Absence of fetal movement after 6 th month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Failure to gain weight after 5 th month? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the above questions, please explain:

PART 3: ACTIVITY HABITS DURING THE PAST MONTH

1 List only regular fitness/recreational activities:

| INTENSITY | FREQUENCY (times/week) | | | TIME (minutes/day) | | |
|-----------|------------------------|-------|-------|--------------------|-------|-------|
| | 1-2 | 2-4 | 4+ | <20 | 20-40 | 40+ |
| Heavy | _____ | _____ | _____ | _____ | _____ | _____ |
| Medium | _____ | _____ | _____ | _____ | _____ | _____ |
| Light | _____ | _____ | _____ | _____ | _____ | _____ |

2 Does your regular occupation (job/home) activity involve:

| | | |
|----------------------------------|--------------------------|--------------------------|
| | Y | N |
| Heavy lifting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent walking/stair climbing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Occasional walking (> once/hr)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Prolonged standing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Mainly sitting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Normal daily activity? | <input type="checkbox"/> | <input type="checkbox"/> |

3 Do you currently smoke tobacco? YES NO

4 Do you consume alcohol? YES NO

PART 4: PHYSICAL ACTIVITY INTENTIONS

What physical activity do you intend to do?

Is this a change from what you currently do? YES NO

*Note: Pregnant women are strongly advised not to smoke or consume alcohol during pregnancy and during lactation.

CONTRAINDICATIONS TO EXERCISE *To be completed by your health care provider*

ABSOLUTE CONTRAINDICATIONS

| | | |
|--|--------------------------|--------------------------|
| Does the patient have: | Y | N |
| 1 Ruptured membranes, premature labour? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Persistent second or third trimester bleeding/ placenta previa? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Pregnancy-induced hypertension or pre-eclampsia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Incompetent cervix? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Evidence of intrauterine growth restriction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 High-order pregnancy (e.g., triplets)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder? | <input type="checkbox"/> | <input type="checkbox"/> |

RELATIVE CONTRAINDICATIONS

| | | |
|--|--------------------------|--------------------------|
| Does the patient have: | Y | N |
| 1 History of spontaneous abortion or premature labour in previous pregnancies | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Anemia or iron deficiency? (Hb < 100 g/L)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Malnutrition or eating disorder (anorexia, bulimia)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Twin pregnancy after 28th week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Other significant medical condition? Please specify: | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.

PHYSICAL ACTIVITY RECOMMENDATION

Recommended/Approved

Contraindicated

PRESCRIPTION FOR AEROBIC ACTIVITY

RATE OF PROGRESSION: The best time to progress is during the second trimester since risks and discomforts of pregnancy are lowest at that time. Aerobic exercise should be increased gradually during the second trimester from a minimum of 15 minutes per session, 3 times per week (at the appropriate target heart rate or RPE) to a maximum of approximately 30 minutes per session, 4 times per week (at the appropriate target heart rate or RPE).

WARM-UP/COOL-DOWN: Aerobic activity should be preceded by a brief (10-15 min.) warm-up and followed by a short (10-15 min.) cool-down. Low intensity calisthenics, stretching and relaxation exercises should be included in the warm-up/cool-down.

F FREQUENCY
Begin at 3 times per week and progress to four times per week

I INTENSITY
Exercise within an appropriate RPE range and/or target heart rate zone

T TIME
Attempt 15 minutes, even if it means reducing the intensity. Rest intervals may be helpful

T TYPE
Non weight-bearing or low-impact endurance exercise using large muscle groups (e.g., walking, stationary cycling, swimming, aquatic exercises, low impact aerobics)

"TALK TEST": A final check to avoid overexertion is to use the "talk test". The exercise intensity is excessive if you cannot carry on a verbal conversation while exercising.

PRESCRIPTION/MONITORING OF INTENSITY: The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods.

HEART RATE RANGES FOR PREGNANT WOMEN

| MATERNAL AGE | FITNESS LEVEL OR BMI | HEART RATE RANGE (beats/minute) |
|--------------|---------------------------|---------------------------------|
| Less than 20 | - | 140-155 |
| 20-29 | Low | 129-144 |
| | Active | 135-150 |
| | Fit | 145-160 |
| 30-39 | BMI > 25kg m ² | 102-124 |
| | Low | 128-144 |
| | Active | 130-145 |
| | Fit | 140-156 |
| | BMI > 25kg m ² | 101-120 |

Target HR ranges were derived from peak exercise tests in medically prescreened low-risk women who were pregnant. (Mottola et al., 2006; Davenport et al., 2008).

RATING OF PERCEIVED EXERTION (RPE)

Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.

| | | | | | | | | | | | | | | |
|---|-------|----------|-------|--------|----|----------|----|------|----|------|----|------|----|------|
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| | Very | Somewhat | | Fairly | | Somewhat | | Hard | | Very | | Very | | |
| | very | light | light | light | | hard | | | | hard | | hard | | very |
| | light | | | | | | | | | | | | | hard |

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D., Queen's University and updated by Dr. M.F. Mottola, Ph.D., University of Western Ontario.

No changes permitted. Translation and reproduction in its entirety is encouraged.

Disponible en français sous le titre «Examination médicale sur l'aptitude à l'activité physique pour les femmes enceintes (X-AAP pour les femmes enceintes)»

Additional copies of the PARmed-X for PREGNANCY, can be downloaded from Canadian Society for Exercise Physiology www.csep.ca/forms

PRESCRIPTION FOR MUSCULAR CONDITIONING

It is important to condition all major muscle groups during both prenatal and postnatal periods.

EXAMPLES OF MUSCULAR STRENGTHENING EXERCISES

WARM-UPS & COOL DOWN:

Range of Motion: neck, shoulder girdle, back, arms, hips, knees, ankles, etc.

Static Stretching: all major muscle groups

(Do not over stretch!)

| CATEGORY | PURPOSE | EXAMPLE |
|-------------------------|---|--|
| Upper back | Promotion of good posture | Shoulder shrugs, shoulder blade pinch |
| Lower back | Promotion of good posture | Modified standing opposite leg & arm lifts |
| Abdomen | Promotion of good posture, prevent low-back pain, prevent diastasis recti, strengthen muscles of labour | Abdominal tightening, abdominal curl-ups, head raises lying on side or standing position |
| Pelvic floor ("Kegels") | Promotion of good bladder control, prevention of urinary incontinence | "Wave", "elevator" |
| Upper body | Improve muscular support for breasts | Shoulder rotations, modified push-ups against a wall |
| Buttocks, lower limbs | Facilitation of weight-bearing, prevention of varicose veins | Buttocks squeeze, standing leg lifts, heel raises |

PRECAUTIONS FOR MUSCULAR CONDITIONING DURING PREGNANCY

| VARIABLE | EFFECTS OF PREGNANCY | EXERCISE MODIFICATIONS |
|-------------------------------------|---|---|
| Body position | <ul style="list-style-type: none"> in the supine position (lying on the back), the enlarged uterus may either decrease the flow of blood returning from the lower half of the body as it presses on a major vein (inferior vena cava) or it may decrease flow to a major artery (abdominal aorta) | <ul style="list-style-type: none"> past 4 months of gestation, exercises normally done in the supine position should be altered such exercises should be done side lying or standing |
| Joint laxity | <ul style="list-style-type: none"> ligaments become relaxed due to increasing hormone levels joints may be prone to injury | <ul style="list-style-type: none"> avoid rapid changes in direction and bouncing during exercises stretching should be performed with controlled movements |
| Abdominal muscles | <ul style="list-style-type: none"> presence of a rippling (bulging) of connective tissue along the midline of the pregnant abdomen (diastasis recti) may be seen during abdominal exercise | <ul style="list-style-type: none"> abdominal exercises are not recommended if diastasis recti develops |
| Posture | <ul style="list-style-type: none"> increasing weight of enlarged breasts and uterus may cause a forward shift in the centre of gravity and may increase the arch in the lower back this may also cause shoulders to slump forward | <ul style="list-style-type: none"> emphasis on correct posture and neutral pelvic alignment. Neutral pelvic alignment is found by bending the knees, feet shoulder width apart, and aligning the pelvis between accentuated lordosis and the posterior pelvic tilt position. |
| Precautions for resistance exercise | <ul style="list-style-type: none"> emphasis must be placed on continuous breathing throughout exercise exhale on exertion, inhale on relaxation using high repetitions and low weights Valsalva Manoeuvre (holding breath while working against a resistance) causes a change in blood pressure and therefore should be avoided avoid exercise in supine position past 4 months gestation | |



PARMED-X FOR PREGNANCY – HEALTH EVALUATION FORM

(to be completed and given to the prenatal fitness professional after obtaining medical clearance to exercise)

I, _____ (please print patient's name), have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have obtained his/her approval to begin participation.

PATIENTS SIGNATURE _____ DATE _____

NAME OF HEALTH CARE PROVIDER _____ HEALTH CARE PROVIDER'S COMMENTS: _____

ADDRESS _____

PHONE _____

HEALTH CARE PROVIDER'S SIGNATURE _____

ADVICE FOR ACTIVE LIVING DURING PREGNANCY

Pregnancy is a time when women can make beneficial changes in their health habits to protect and promote the healthy development of their unborn babies. These changes include adopting improved eating habits, abstinence from smoking and alcohol intake, and participating in regular moderate physical activity. Since all of these changes can be carried over into the postnatal period and beyond, pregnancy is a very good time to adopt healthy lifestyle habits that are permanent by integrating physical activity with enjoyable healthy eating and a positive self and body image.

ACTIVE LIVING

- see your doctor before increasing your activity level during pregnancy
- exercise regularly but don't overexert
- exercise with a pregnant friend or join a prenatal exercise program
- follow FITT principles modified for pregnant women
- know safety considerations for exercise in pregnancy

HEALTHY EATING

- the need for calories is higher (about 300 more per day) than before pregnancy
- follow Canada's Food Guide to Healthy Eating and choose healthy foods from the following groups: whole grain or enriched bread or cereal, fruits and vegetables, milk and milk products, meat, fish, poultry and alternatives
- drink 6-8 glasses of fluid, including water, each day
- salt intake should not be restricted
- limit caffeine intake i.e., coffee, tea, chocolate, and cola drinks
- dieting to lose weight is not recommended during pregnancy

POSITIVE SELF AND BODY IMAGE

- remember that it is normal to gain weight during pregnancy
- accept that your body shape will change during pregnancy
- enjoy your pregnancy as a unique and meaningful experience

For more detailed information and advice about pre- and postnatal exercise, you may wish to obtain a copy of a booklet entitled *Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby* © 1999. Available from the Canadian Society for Exercise Physiology, www.csep.ca. Cost: \$11.95

Public Health Agency of Canada. The sensible guide to a healthy pregnancy. Minister of Health, 2012. Ottawa, Ontario K1A 0K9. <http://www.phac-aspc.gc.ca/hp-gs/guide/assets/pdf/hpguide-eng.pdf>. HC Pub.: 5830 Cat.: HP5-33/2012E. 1 800 O-Canada (1-800-622-6232) TTY: 1-800-926-9105.

Davenport MH, Charlesworth S, Vanderspank D, Sopper MM, Mottola MF. Development and validation of exercise target heart rate zones for overweight and obese pregnant women. *Appl Physiol Nutr Metab*. 2008; 33(5): 984-9.

Davies GAL, Wolfe LA, Mottola MF, MacKinnon C. Joint SOGC / CSEP Clinical Practice Guidelines: Exercise in Pregnancy and the Postpartum Period. *Can J Appl Physiol*. 2003; 28(3): 329-341.

Mottola MF, Davenport MH, Brun CR, Inglis SD, Charlesworth S, Sopper MM. VO₂peak prediction and exercise prescription for pregnant women. *Med Sci Sports Exerc*. 2006 Aug; 38(8):1389-95. PMID: 16888450

SAFETY CONSIDERATIONS

- Avoid exercise in warm/humid environments, especially during the 1st trimester
- Avoid isometric exercise or straining while holding your breath
- Maintain adequate nutrition and hydration – drink liquids before and after exercise
- Avoid exercise while lying on your back past the 4th month of pregnancy
- Avoid activities which involve physical contact or danger of falling
- Know your limits – pregnancy is not a good time to train for athletic competition
- Know the reasons to stop exercise and consult a qualified health care provider immediately if they occur

REASONS TO STOP EXERCISE AND CONSULT YOUR HEALTH CARE PROVIDER

- Excessive shortness of breath
- Chest pain
- Painful uterine contractions (more than 6-8 per hour)
- Vaginal bleeding
- Any "gush" of fluid from vagina (suggesting premature rupture of the membranes)
- Dizziness or faintness